

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

12/20/2021

Document Number:

402901519

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, provide pre-abandonment notices, or report abandonment of Off-Location Flowlines, Flowline Systems, Produced Water Transfer Systems, or Crude Oil Transfer Lines or Systems as required by the 1100 Series Rules. The Form 44 shall also be submitted to register, report realignment, or report abandonment of Domestic Taps, and to report Grade 1 Gas Leaks from Flowlines per Rules 610 and 906.

Operator Information

OGCC Operator Number: 74165 Contact Person: JB Condill
Company Name: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 680-4725
Address: 6155 S MAIN STREET #225 Email: jbcrog@aol.com
City: AURORA State: CO Zip: 80016
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 474329 Location Type: Production Facilities
Name: Thornburg Tank Battery Number: _____
County: ADAMS
Qtr Qtr: NENW Section: 24 Township: 3S Range: 63W Meridian: 6
Latitude: 39.780118 Longitude: -104.390256

Description of Corrosion Protection

There is no corrosion protection at this time as the lines are out of service. Should they return to service, corrosion protection will be evaluated at that time.

Description of Integrity Management Program

Should the lines return to service, an annual pressure test to the maximum anticipated operating pressure. Pressure to the MOP for 30 minutes. Pressure loss not to exceed 10%.

Description of the construction method used for public by-ways, road crossings, sensitive wildlife habitats, sensitive areas, and natural and manmade watercourses (i.e., open trench, bored and cased, or bored only), if applicable.

N/A.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 474332 Flowline Type: Wellhead Line Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 319978 Location Type: Well Site ☐

Name: THORNBURG-63S63W

Number: 24NENW

County: ADAMS

No Location ID

Qtr Qtr: NENW

Section: 24

Township: 3S

Range: 63W

Meridian: 6

Latitude: 39.779434

Longitude: -104.388605

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase

Pipe Material: Carbon Steel

Max Outer Diameter:(Inches) 3.500

Bedding Material: Native Materials

Date Construction Completed: 01/01/1980

Maximum Anticipated Operating Pressure (PSI): 25

Testing PSI: 42

Test Date: 10/07/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:**FLOWLINE FACILITY INFORMATION**

Flowline Facility ID: 474331

Flowline Type: Wellhead Line

Action Type: _____

OFF LOCATION FLOWLINE REGISTRATION

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 320014

Location Type: Well Site



Name: THORNBURG-63S63W

Number: 24NWNW

County: ADAMS

No Location ID

Qtr Qtr: NWNW

Section: 24

Township: 3S

Range: 63W

Meridian: 6

Latitude: 39.779734

Longitude: -104.393015

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase

Pipe Material: Carbon Steel

Max Outer Diameter:(Inches) 3.500

Bedding Material: Native Materials

Date Construction Completed: 12/01/1980

Maximum Anticipated Operating Pressure (PSI): 25

Testing PSI: 37

Test Date: 10/07/2019

OFF LOCATION FLOWLINE Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification

Date: _____

Description of Realignment, Out of Service, Pre-Abandonment Notice, or Abandonment Verification:**OPERATOR COMMENTS AND SUBMITTAL**

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 12/20/2021 Email: jbcrog@aol.com

Print Name: JB Condill Title: VP-Land

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  **Director of COGCC** Date: 2/23/2022

Condtions of Approval

COA Type

Description

Attachment Check List

Att Doc Num

Name

402901519	Form44 Submitted
402904888	OFF-LOCATION FLOWLINE GIS SHP
402904889	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)